Association have endorsed this legislation because of the capabilities it will provide law enforcement officials to prosecute these fraudulent acts.

It is my hope that this legislation will serve to honor the courageous heroes who have rightfully earned these awards. We must never allow their service and sacrifice to be cheapened by those who wish to exploit these honors for personal gain.

By Mr. KERRY:

S. 1999. A bill to amend the Workforce Investment Act of 1998 to transfer the YouthBuild program from the Department of Housing and Urban Development to the Department of Labor, to enhance the program, and for other purposes; to the Committee on Banking, Housing, and Urban Affairs.

Mr. KERRY. Mr. President, today I am introducing legislation that would transfer the YouthBuild program from its current home in the Department of Housing and Urban Development to the Department of Labor. Transferring departmental jurisdiction over this program will help ensure that Youthbuild continues to receive the funds it needs to help unemployed and undereducated young people ages 16–24 work toward their GED or high school diploma while learning job skills by building affordable housing for homeless and low-income people. It is supported by the YouthBuild Coalition.

Poverty, neglect, abuse, and deprivation of all kinds can prevent people from reaching their true potential. Many of those who have fallen off track, suffered losses, and made mistakes can recover. If given the opportunity, they can learn to cope with obstacles and care effectively about themselves, their families and their communities. YouthBuild helps young people who have lost their way to turn their lives around.

YouthBuild is a uniquely comprehensive program that offers at-risk youth an immediate productive role rebuilding their communities. While attending basic education classes for 50 percent of program time, students also receive job skills training in the construction field, personal counseling from respected mentors, a supportive peer group with positive values, and experience in civic engagement. They build houses for homeless and low-income people while earning their own GED or high school diploma.

YouthBuild is built on success. The first YouthBuild program was created in 1978. At that time, YouthBuild's future founder, Dorothy Stoneman, formed the Youth Action Program to rebuild homes in New York City. The successful renovation of an East Harlem tenement led to a city-wide coalition and in 1990, led to YouthBuild USA, an organization created to replicate this program around the Nation.

In 1992, I introduced legislation which was enacted into law as part of the Cranston-Gonzalez National Affordable Housing Act, authorizing federal funding for YouthBuild through the Department of Housing and Urban Development.

In its first 10 years of Federal funding, YouthBuild has demonstrated the ability to bring the most disadvantaged youth into productive employment, higher education, and civic engagement. Since 1994, more than 40,000 YouthBuild students have helped rebuild their communities, creating more than 12,000 units of affordable housing, while transforming their lives at the same time.

YouthBuild has earned majority bipartisan support for Federal funding in the Senate due to its great success in local communities. Today there are 226 YouthBuild programs in 44 States engaging 7,000 young adults.

The number of programs could easily be expanded. Last year alone, 260 communities were denied YouthBuild funding. The programs that exist could easily grow. In 2004, local programs turned away 10,000 applicants solely for lack of funds.

The expansion of YouthBuild would help address critical national problems: the construction industry is short 80,000 workers; over 500,000 youth are dropping out of high school every year with no prospects of becoming gainfully employed; states are spending huge amounts on prisons, housing 365,000 16 to 24 year olds, 65 percent of whom have dropped out of high school.

Consider this story of success: Manny Negron grew up in New Britain, CT. He left school during his Sophomore year after having some personal problems. He started selling drugs and getting into trouble. Then he joined YouthBuild, obtained a GED and learned more about the construction industry. ''Before YouthBuild, I didn't know what I wanted to do with my life.'' Manny said. ''I had no goals, no plans—I had nothing. If it was a weekend when I was partying and in the street, I had no plans. Now it's completely different and YouthBuild did that for me. Now that I'm away from all that, I actually see a future for myself and see what I'm capable of and what I can do with my life.''

Research on 900 YouthBuild graduates several years after program completion showed that 75 percent were employed at an average wage of $10/hour or in college. They were voting and paying taxes. Of those who had committed felonies, the recidivism rate was a strikingly low, 15 percent.

The legislation I am introducing today responds to the Bush administration's attempt to move YouthBuild from HUD to DoL in its FY 2006 budget request. I did not agree with the Administration attempt to transfer YouthBuild in the budget; it was simply the wrong approach. However, my staff has met with Administration officials, with YouthBuild and with YouthBuild's strong supporters. And I believe that we can find a way to do this, and I appreciate that the Administration has shown a willingness to work with us so far. If done properly, I transferring YouthBuild from HUD to DoL could increase YouthBuild's scope, helping it to reach the communities and young people that are currently denied access due to a lack of funds. This legislation not only authorizes the transfer of YouthBuild from HUD to DoL, but also allows unlimited future federal funding, continues centralized management at DoL and continues the historic role of YouthBuild USA as the partner and contractor for quality assurance.

This legislation is an attempt to help move the process of transferring the YouthBuild program forward. I look forward to working with Senators Enzi and Kennedy, the Chairman and Ranking Member of the Senate Committee on Health, Education, Labor and Pensions to develop compromise legislation that will ensure that YouthBuild continues to assist young people around the nation. I ask that all my colleagues support this legislation and continue to support the YouthBuild.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 302—TO EXPRESS THE SENSE OF THE SENATE REGARDING THE IMPACT OF MEDICAID RECONCILIATION LEGISLATION ON THE HEALTH AND WELL-BEING OF CHILDREN

Mr. BINGAMAN (for himself, Mr. ROCKEFELLER, Mr. REED, Mrs. CLINTON, Mrs. MURRAY, Mr. BAUCUS, Ms. MIKULSKI, Mr. CORZINE, Mr. LAUTENBERG, Mr. DODD, and Mr. SALAZAR) submitted the following resolution; which was referred to the Committee on Finance:

S. RES. 302

Whereas the Medicaid program provides health insurance for more than ¼ of children in the United States and pays for more than ⅓ of the births and health care costs for newborns in the United States each year;

Whereas the Medicaid program provides critical access to health care for children with disabilities, covering more than 70 percent of poor children with disabilities and children with special needs in low-income working families, including 1 in 9 military children with special health care needs;

Whereas low-income children who depend on the Medicaid program experience a rate of health conditions and health risks much greater than those found among children who are not low-income;

Whereas the Medicaid program is the largest source of payment for health care provided to children with special health care needs in the Nation and is also a critical source of funding for health care provided to children in foster care and for health care services provided in schools to children eligible for coverage under the Medicaid program;

Whereas the Medicaid program is the single largest source of revenue for the Nation's safety net hospitals, including children's hospitals and community health centers, and is critical to the ability of these providers to adequately serve all children;

Whereas the Medicaid program, in combination with the State Children's Health Insurance Program, has helped to dramatically

reduce the number of uninsured children, cutting the rate by more than ⅓ between 1997 and 2003;

Whereas without the Medicaid program, the number of children without health insurance—8,300,000 in 2004—would be substantially higher;

Whereas the Medicaid program's guarantee of affordable coverage and access to necessary health care is essential to the ability of the Medicaid program to adequately serve children whose families have low-incomes and whose health care expenses often exceed the norm;

Whereas for nearly 40 years, the Medicaid program has ensured particularly comprehensive benefits for infants, young children, school-age children, and adolescents, in recognition of the unique growth and development needs of children and the importance of strong and healthy young adults to the safety and welfare of the Nation;

Whereas the Medicaid program's special benefits, added in 1967, were a direct response to findings of the Department of Defense regarding pervasive physical, dental, and developmental conditions among low-income military recruits, and the implications of these findings for national preparedness;

Whereas the Medicaid program's benefits for children are comprehensive, in order to ensure that all low-income infants, even those born too soon and too small, have the chance to survive and thrive into a healthy childhood;

Whereas the Medicaid program's benefits for children help ensure that young children grow and develop properly, arrive at school ready to learn, and have the opportunity to achieve their full educational potential;

Whereas the Medicaid program ensures that children have the benefits, health services, and health care support they need to be fully immunized, and that children can secure eyeglasses, dental care, and hearing aids when necessary, and have access to comprehensive, regularly scheduled, and as-needed health examinations, as well as preventive interventions, to correct physical and mental conditions that threaten to delay proper growth and development;

Whereas the Medicaid program ensures that the sickest and highest risk infants, toddlers, and children have access to the specialized diagnostic and treatment care that become essential when serious illness strikes;

Whereas title III of the budget reconciliation bill of the House of Representatives, as reported out by the Committee on Energy and Commerce, would eliminate Medicaid Early and Periodic Screening Diagnosis and Treatment (EPSDT) benefit rules outright for approximately 6,000,000 low-income children, whose family incomes are only slightly above the Federal poverty level and who are therefore without the resources to secure basic health care or essential medical care;

Whereas title III of the budget reconciliation bill of the House of Representatives permits States to eliminate the following benefits for children: comprehensive developmental assessments, assessment and treatment for elevated blood lead levels, eyeglasses, dental care, hearing aids, wheelchairs and crutches, respiratory treatment, comprehensive mental health services, prescription drugs, and speech and physical therapy services;

Whereas title III of the budget reconciliation bill of the House of Representatives would allow States to impose premiums, deductibles, and copayments on children whose families have incomes only slightly above the Federal poverty level and who therefore cannot afford the cost of medically necessary care and millions of children, especially infants, young children, and school-age children with serious disabilities and high health care needs, would potentially be affected;

Whereas although title III of the budget reconciliation bill of the House of Representatives purports to exempt poor children, it permits States to redefine the meaning of poverty virtually without limitation, in order to eliminate cost sharing safeguards for poor children currently available under the law;

Whereas title III of the budget reconciliation bill of the House of Representatives would permit States to require that even the poorest children pay copayments for prescription drugs, without providing exemptions to this requirement, not even in the case of children in foster care or special needs adoptions;

Whereas title III of the budget reconciliation bill of the House of Representatives would permit States to allow hospital emergency departments to impose cost sharing requirements on the poor and on near-poor infants, toddlers, and young children, without providing exemptions to this requirement, not even in the case of children in foster care or special needs adoptions;

Whereas title III of the budget reconciliation bill of the House of Representatives would permit providers to turn children away because their families are unable to pay deductibles and copayments;

Whereas title III of the budget reconciliation bill of the House of Representatives would potentially eliminate medical case management coverage for Medicaid-enrolled children in foster care, even though Federal foster care programs expressly assume that medical case management services for such children will be furnished through the Medicaid program;

Whereas title III of the budget reconciliation bill of the House of Representatives would permit States to entirely replace the Medicaid program for children with ''health opportunity accounts'' that eliminate all Medicaid coverage in favor of cash accounts of $1,000 and catastrophic-only, high deductible health insurance coverage for children with family incomes only slightly above the Federal poverty level; and

Whereas title III of the budget reconciliation bill of the House of Representatives would only exempt the poorest children from participation in health opportunity accounts during the first 5 years of the demonstration projects under which the accounts are available and would permit States to redefine the meaning of poverty to any level, no matter how low: Now, therefore, be it

Resolved, That it is the sense of the Senate that the conferees for any budget reconciliation bill of the 109th Congress shall not report a reconciliation bill that would—

(1) allow States to—

(A) reduce coverage for medically necessary health care for poor or low-income children; or

(B) impose premiums, deductibles, copayments, or coinsurance on poor or low-income children;

(2) reduce coverage of, or payment for, medical case management services under title XIX of the Social Security Act for children in foster care, including targeted case management services; or

(3) allow the Secretary to undertake any Health Opportunity Account demonstrations involving poor or low-income children.

Mr. BINGAMAN. Mr. President, I am submitting a Senate resolution today with Senators ROCKEFELLER, REED, CLINTON, MURRAY, BAUCUS, AKAKA, MIKULSKI, CORZINE, LAUTENBERG, and DODD that does three things: 1. Explains the importance of Medicaid to children; 2. Explains the consequences of the various provisions in the House budget reconciliation bill that will negatively impact the health and well-being of children's health; and 3. Expresses the Sense of the Senate that the conferees for the budget reconciliation bill shall not report back language that has negative consequences for the health and well-being of children.

This resolution highlights the many ways in which the House of Representatives budget reconciliation bill affects the health of low-income children across this Nation. According to the Congressional Budget Office (CBO), the House budget reconciliation package increases cost-sharing placed on low-income Medicaid beneficiaries, even while reducing health services by $6.5 billion over 5 years and an astounding $30.1 billion over 10 years.

In sharp contrast, the Senate budget reconciliation bill includes only one provision—the targeted case management reduction of $750 million over 5 years—that could negatively affect young Medicaid beneficiaries.

For children, the impact would be devastating. Medicaid covers more than 27 million children—or almost one in four—American children. Medicaid also covers more than one-third of all the births and health care costs of newborns in the United States each year.

In spite of the importance of Medicaid, the House budget package increases cost-sharing for all children who rely on it for prescription drugs and emergency room services. The bill also allows States to impose premiums for the first time under Medicaid for children's coverage and deny children coverage even if their family cannot afford to pay the premium or other cost-sharing.

The House budget bill also allows States to eliminate the Early and Periodic Screening Diagnosis and Treatment (EPSDT) benefit rules that are so critical to the health of children with special health care needs or disabilities. Benefits that could be lost include: comprehensive developmental assessments, assessment and treatment for elevated blood lead levels, eyeglasses, dental care, hearing aids, wheelchairs and crutches, respiratory treatment, comprehensive mental health services, prescription drugs, and speech and therapy services.

In short, the vast majority or three-fourths of the savings in the House bill come at the expense of low-income Medicaid beneficiaries. By CBO's estimate, half of the beneficiaries affected by the increased cost sharing provisions in the House package are imposed on children, and half of those who will lose Medicaid benefits would be children.

Without the Medicaid program, the number of children without health insurance—8.3 million in 2004—would be substantially higher. In fact, the number of uninsured children has dropped

by over one-third of a million children over the past 4 years due in large part to Medicaid and the State Children's Health Insurance Program, or SCHIP.

As Representative FRANK PALLONE noted, ''Once again, Medicaid has proven to be part of the solution, not the problem. Burdensome cost-sharing requirements and reduced benefits included in the reconciliation package will undoubtedly weaken Medicaid's ability to ensure all of America's children have access to the health care they need.''

Representative LOIS CAPPS of California adds, ''. . . this reconciliation package would allow states to deny critical medical screening, treatment, and follow up care for these children. And it would allow excessive out of pocket costs and premiums which—experience shows—causes families to lose coverage or fail to get even needed services for children.''

I urge Senators to closely monitor what the House of Representatives is doing with respect to the health and well-being of children in their budget reconciliation bill. Low-income children should not be asked to bear the burden of billions of dollars in budget cuts—cuts that are not even being used to reduce the deficit, but rather to help pay for tax cuts.

There are a variety of reasons that I did not support the Senate's budget reconciliation bill, but even with its imperfections, it is far superior to the House's budget package. If nothing else, it does not contain the types of cuts to children's health that are included in the House bill.

Senators need to know that the House budget package is terrible for the health and well-being of the children in our country.

With that in mind, I offer today's Senate resolution on children's health.

I ask for unanimous consent that a copy of the CBO analysis of the impact that the Medicaid provisions in the budget reconciliation bill passed by the House Energy and Commerce Committee be printed in the RECORD.

There being no objection, the analyses was ordered to be printed in the RECORD, as follows:

CONGRESSIONAL BUDGET OFFICE—ADDITIONAL INFORMATION ON CBO'S ESTIMATE FOR THE MEDICAID PROVISIONS IN H.R. 4241, THE DEFICIT REDUCTION ACT OF 2005

The Congressional Budget Office (CBO) estimates that the provisions of subtitle A of Title III of H.R. 4241 would reduce federal Medicaid spending by $12 billion over the 2006–2010 period and $48 billion over the 2006–2015 period (see CBO's cost estimate of the reconciliation recommendations of the House Committee on Energy and Commerce, issued on October 31, 2005). About 75 percent of those savings are due to provisions that would increase penalties on individuals who transfer assets for less than fair market value in order to qualify for nursing home care, restrict eligibility for people with substantial home equity, allow states to impose higher cost-sharing requirements and/or premiums on certain enrollees, and permit states to restrict benefits for certain enrollees. This memorandum provides additional information about the estimates and the number and types of Medicaid enrollees who would be affected by those provisions.

ASSET TRANSFERS AND HOME EQUITY

CBO estimates that the provisions changing the treatment of asset transfers and home equity would reduce net Medicaid outlays by $2.5 billion over the next five years and by $6.8 billion over the next 10 years. Of those amounts, more than three-quarters is due to the proposed change to the start date of the penalty for prohibited transfers and the prohibition of nursing home benefits for individuals with home equity exceeding $500,000.

Under current law, very few of the applicants for Medicaid incur penalties for prohibited asset transfers. CBO estimates that changing the start date of the penalty would result in a delay of Medicaid eligibility for approximately 120,000 people in 2010, growing to approximately 130,000 in 2015. Such delays would occur because individuals would either incur a penalty for prohibited transfers or refrain from making such transfers and instead pay for some nursing home care themselves. Those figures represent about 15 percent of the new recipients of Medicaid nursing home benefits each year.

The majority of penalties or delays would apply to individuals who otherwise would have employed a strategy to preserve half of their assets—the so-called ''half-a-loaf'' strategy. Under the bill, some of those individuals would simply not transfer assets and thus not incur a penalty, but instead accept a delay in Medicaid eligibility. The bill's provisions that allow greater exemptions for hardship situations reduce the number of affected individuals, while the changes to the look-back window increase that number.

The period of delayed eligibility for affected recipients would range from one day to more than one year, averaging about three months in 2006 and decreasing to an average of about two months in 2015. The length of the delay would decrease because payment rates for nursing home services are expected to grow faster than assets.

CBO estimates that about 1 percent of the unmarried applicants for Medicaid nursing home benefits have homes valued at over $500,000. (The policy would have a negligible effect on the treatment of the homes of married individuals.) That figure translates to about 5,000 affected individuals annually by 2010.

COST SHARING

CBO estimates that the provisions allowing states to impose higher cost-sharing requirements and premiums on certain recipients would reduce Medicaid spending by $10 billion over the 2006–2015 period. Of that total, about two-thirds of the estimated savings are due to increased cost sharing and one-third to higher premiums. We anticipate that states would phase in changes in cost sharing and that those changes would not be fully effective until 2012.

We assume that states would impose cost-sharing requirements primarily for services such as prescription drugs, physician services, and non-emergency visits to emergency rooms. We also anticipate that states would require greater cost-sharing payments by individuals and families with higher income than by those with income just above the poverty level. Although states would be likely to raise nominal copay amounts and increase them over time, we expect that aggregate enrollee cost sharing would remain, on average, below limits established under H.R. 4241.

Under the bill, CBO estimates that states with about one-half of all Medicaid enrollees would impose cost-sharing requirements (for at least one service) on enrollees who currently are not subject to cost sharing. We estimate that the number of affected enrollees would increase from 7 million in 2010 to 11 million by 2015, and that about half of those enrollees would be children. States also would increase cost-sharing requirements for many of those who are subject to cost sharing under current law and thus increase copays for another 6 million enrollees by 2015. In sum, we expect that about 17 million people—27 percent of Medicaid enrollees—would ultimately be affected by the cost-sharing provisions of the bill.

We estimate that about 80 percent of the savings from higher cost sharing would be due to decreased use of services; the remaining 20 percent would reflect lower payments to providers. CBO anticipates that about three-quarters of states imposing cost sharing would allow providers to deny services for lack of payment and that there would be greater decreases in utilization in those states. The estimate accounts for the fact that savings from the reduced use of certain services (such as prescription drugs or physician services) could be partly offset by higher spending in other areas (such as emergency room visits).

PREMIUMS

CBO estimates that about 75 percent of the savings from higher premiums under H.R. 4241 would be due to higher premium receipts and the remaining 25 percent would stem from individuals leaving the Medicaid program.

States would charge premiums to about 1 million enrollees by fiscal year 2010 and to about 2 million enrollees by fiscal year 2015. CBO expects that most of those enrollees would be nondisabled adults and children and that, on average, premiums would range from 1 percent to 3 percent of family income. Those amounts would be less than the maximum allowed by the legislation. In response, some beneficiaries would leave Medicaid or would be disenrolled for nonpayment. CBO estimates that about 70,000 enrollees would lose coverage in fiscal year 2010 and that 110,000 would lose coverage in fiscal year 2015 because of the imposition of premiums.

ALTERNATIVE BENEFIT PACKAGES

CBO's estimate assumes that states with about 20 percent of Medicaid enrollees would provide reduced benefit packages to at least some of their enrollees. Those benefit reductions would affect an estimated 2.5 million Medicaid enrollees in 2010 and about 5 million enrollees by 2015—about 8 percent of the Medicaid population—and that about one-half of those receiving alternate benefit packages would be children. We anticipate that states would phase in benefit reductions and that those changes would not be fully effective until 2015. CBO expects that only a limited number of states would exercise that option because the bill would prohibit states that provide limited benefit packages from expanding such coverage to groups not covered under the state plan when the bill is enacted.

While many states trimming benefits likely would offer a benefit package for Medicaid children similar to that provided in the State Children's Health Insurance Program, we expect that others would look to their state employee programs or private-sector plans as models for benefits to offer parents, families, and some disabled adults. CBO anticipates that only a few states would offer benefit plans that offer leaner benefits than those types of plans, though the bill would permit them to do so.

On average, CBO expects that alternative benefit packages provided by the states would reduce per capita spending by 15 percent to 35 percent for the affected populations, depending on the eligibility group

targeted and the generosity of the state's program under current law. Most of the reductions would be for services such as dental, vision, mental health, and certain therapies, but also could include restrictions on the amount, duration, and scope of coverage for other services.

UNCERTAINTY OF ESTIMATES

CBO's estimates are particularly uncertain in two areas. We have limited information about people's asset holdings prior to their admission to nursing homes and about the number of people engaging in asset transfers that would be prohibited by the bill. How states would react to this legislation is also very uncertain. We anticipate wide variation in the extent to which different states would reshape their Medicaid programs by increasing cost sharing or premiums or by restricting benefits. Some states might make limited changes, such as increasing cost sharing for a few specific services or certain enrollees, while others would make more far-reaching changes. Our estimates, therefore, account for a range of possible responses by states to the bill.

SENATE RESOLUTION 303—CALLING FOR THE GOVERNMENT OF NIGERIA TO CONDUCT A THOROUGH JUDICIAL REVIEW OF KEN SARO-WIWA CASE, AND FOR OTHER PURPOSES

Mr. LEAHY (for himself, Mr. KENNEDY, Mr. OBAMA, Mr. FEINGOLD, Mr. DODD, and Mr. DURBIN) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 303

Whereas on November 10, 1995, Ken Saro-Wiwa, Nigerian writer, environmental activist, and nominee for the Nobel Peace Prize, along with 8 colleagues, together known as the ''Ogoni 9'', were hanged by the military government of Nigeria, based on charges widely regarded as false;

Whereas the Ogoni 9 had been nonviolently campaigning for improved living standards and a clean environment for the Ogoni People, whose Niger Delta land, air, and water was, and remains, severely polluted from oil extraction, and whose standard of living, despite the great mineral wealth their land has yielded since the early 1960s, is among the lowest in the world;

Whereas the international condemnation that followed the executions included the suspension of Nigeria from the British Commonwealth of Nations;

Whereas in 1996 a United Nations mission to Nigeria found the military tribunal in contravention of international and domestic law, and recommended financial relief for the survivors of the Ogoni 9 and improvements in the socioeconomic conditions of the Ogoni and other minorities in the Delta;

Whereas 10 years later, none of the United Nations recommendations have been implemented, and the environmental and social situations have deteriorated for the Ogoni and other Delta communities;

Whereas the Ogoni 9 remain convicted of a crime of which they were unfairly tried;

Whereas Ogoniland remains severely polluted and gas flaring continues unabated;

Whereas the security and stability in the Niger Delta are threatened by a proliferation of small arms, armed gangs, and black market oil bunkering;

Whereas despite these pressures, Ogoniland remains an island of nonviolence, and the Ogoni voted in high numbers in the 1999 elections;

Whereas stability in the Niger Delta is necessary to prevent an increase in global oil costs; and

Whereas in the interest of the protection of human rights, justice, and stability in the Delta, redress should be given to the Ogonis and their use of nonviolent means should be recognized: Now, therefore, be it

Resolved, That the Senate—

(1) urges the Government of Nigeria to conduct a thorough judicial review of the trial of the Ogoni 9 and to provide just compensation to the survivors of the Ogoni 9 if a miscarriage of justice is found;

(2) urges the Government of Nigeria, international donors, and international oil companies operating in the Delta to increase assistance significantly to improve the lives of the Ogoni and other affected communities and for pollution abatement and cleanup in the Niger Delta region, in close consultation with local communities;

(3) urges the Government of Nigeria to ensure that all members of the security forces receive training in international standards on the use of force and firearms, particularly the 1979 United Nations Code of Conduct for Law Enforcement Officials and the 1990 United Nations Basic Principles on the Use of Force and Fire Arms by Law Enforcement Officials;

(4) calls upon the Department of State to seek urgently to ensure that American oil companies operating in the Niger Delta comply, at a minimum, with the Voluntary Principles for Security and Human Rights; and

(5) urges the Secretary General of the United Nations to institute a 10-year followup mission to Ogoniland.

Mr. LEAHY. Mr. President, ten years ago today, in what was by all accounts a barbaric miscarriage of justice, Ken Saro-Wiwa and eight of his Ogoni colleagues from the delta region of Nigeria were hanged after being convicted by a biased military tribunal.

Those of us who knew Mr. Saro-Wiwa remember him as a thoughtful, passionate, nonviolent advocate for the rights of the Ogoni people. His arrest, conviction and hanging by the corrupt and brutal Abacha government outraged the world and resulted in Nigeria's suspension from the British Commonwealth, and a United Nations investigation which concluded that Saro-Wiwa and his colleagues had been denied due process in violation of international and Nigerian law. The UN recommended financial relief for their families and improvements in the living conditions of the Ogoni people and the other minorities in the delta region.

Unfortunately, none of the UN's recommendations have been carried out, the environmental, economic and social conditions there have gotten worse, and ten year's later the Ogoni Nine remain convicted of a crime for which they were unfairly tried.

Today, I am honored to submit, on behalf of myself and Senators KENNEDY, OBAMA, FEINGOLD, DURBIN, and DODD a resolution calling on the Government of Nigeria to conduct a thorough judicial review of this travesty.

By this resolution we remember Ken Saro-Wiwa and the others who were executed, and we honor their courage and their nonviolent commitment to social justice. In addition to calling for a judicial review and just compensation to the survivors if a miscarriage of justice is found, we urge the Nigerian government, international donors, and international oil companies operating in the Niger delta to increase assistance significantly to improve the lives of the people who live there. It is unconscionable that after all the billions of dollars in oil that have been extracted from that area, these people continue to suffer daily from the polluted water and soil and the gas flaring and are living in squalor.

And we call on the Nigerian Government to ensure that its security forces receive the necessary training and discipline to prevent the violations of human rights that the Ogoni have suffered for so many years.

The volatile situation in the Niger delta has been ignored for far too long. It cannot be resolved by force. It cannot be resolved by lip service. There are serious environmental issues and urgent economic and social needs. Ken Saro-Wiwa's example of nonviolence stands today as it did a decade ago as a model for the Nigerian government, the people of the Niger delta, and the international community to join together to finally address them.

Mr. KENNEDY. Mr. President, I'm honored to join Senator LEAHY, Senator OBAMA, Senator FEINGOLD, Senator DODD and Senator DURBIN in submitting this tribute to one of the world's most courageous human rights and environmental activists, Ken Saro-Wiwa, on the tenth anniversary of his death.

Mr. Saro-Wiwa was a champion of nonviolence for social and economic justice and the environment in the oil-rich communities of the Niger Delta. He was a voice for hundreds of thousands of persons suffering from government repression and corporate greed, and he raised global awareness of the need for more responsible environmental and social practices by the oil industry.

On this day ten years ago, Ken Saro-Wiwa and eight of his Ogoni compatriots were unjustly put to death based on apparently trumped-up charges by an apparently biased Nigerian military tribunal. Their only crime was their courage in daring to speak out against the exploitation of the Ogoni environment and its people. Despite widespread international condemnation of the killings, Mr. Saro-Wiwa has not been cleared of the false charges, and environmental and social degradation persists in the Ogoni and other communities in the Niger Delta.

The resolution that we are introducing today calls on the Nigerian Government to conduct a thorough judicial review of the military tribunal, and to pay compensation to the heirs of Mr. Saro-Wiwa and his colleagues if a miscarriage of justice is found. A United Nations mission to Nigeria in 1996 found such a violation and called for such relief. The resolution also calls for increased assistance to the